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TELECOMMUTING IN COMMUNITY LONG TERM CARE
The Impact on Clients and Managers

By

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INTRODUCTION

The South Carolina Department of Health and Human Services (DHHS) began exploring telecommuting, or working from home, in January 2000. The intent of this initiative was to better meet the needs of the agency and its customers through maximizing workspace, increasing employee productivity, and focusing on results. The vision of the agency was to implement a telecommuting program that reduced costs, increased employee productivity and had a positive impact on its employees and the community it serves. This research project is focused on the impact of telecommuting on Community Long Term Care (CLTC) customers (clients) and management. CLTC is a statewide program that provides in-home services for Medicaid eligible persons that wish to remain at home and avoid unnecessary nursing home placement. There are 11 area offices, some with satellite offices, staffed by nurses and case managers. These nurses and case managers work with eligible persons and their families to plan, coordinate and authorize needed services.

The agency piloted the telecommuting program in the CLTC Charleston office. Over a period of one year, telecommuting was incrementally implemented in the remaining 13 area offices. Specifically this research focuses on measuring client and management satisfaction in the last four offices to implement telecommuting: Greenwood, Sumter, Orangeburg and Aiken. Of utmost importance is whether staff telecommuting has an impact on services provided to the population served by CLTC and on management confidence.

METHODOLOGY

In order to measure client and management impact, pre and post telecommuting data was collected in the following ways.

A. Client satisfaction surveys were conducted by telephone with a computerized random selection of clients. In order to achieve a 95% level of confidence, 81-88 clients per office were surveyed. Six questions were asked that related to access required by program policy and satisfaction with case management services:

- 1.) Do you know who your Community Long Term Care case manager is?
- 2.) Does your case manager call or visit you at least once a month?
- 3.) Does your case manager visit you at least once every three months?
- 4.) Do you know what your case manager is supposed to do for you?
- 5.) Are you satisfied with the services arranged by your case manager?
- 6.) Are you able to reach your case manager when you need to?

The pre-telecommuting results are in Appendix A. The post-telecommuting results are in Appendix B. A comparison of these results is in Appendix C.

B. Focus groups were conducted with eight area office managers and supervisors. It was felt that smaller groups would encourage more discussion. Therefore, participants were split into two groups. The pre-telecommuting Focus Groups were asked to discuss eight questions. These questions related primarily to their expectations regarding telecommuting (Appendix D). The post-telecommuting Focus Groups, which included seven of the original participants, were asked to respond to 10 questions. The questions dealt with their experiences since they

started telecommuting (Appendix E).

FINDINGS

Client Satisfaction Survey Results

Survey results reflect only one significant difference and that was in the question of: "Do you know who your CLTC Case manager is?" Overall, 18% more clients stated they knew who their case manager was after the implementation of telecommuting. All four offices showed an increase in this number. The results showed no significant overall differences in the additional four questions related to calls, visits, services, and a clients ability to reach their case manager when needed.

Management Focus Group Results

Results were organized into five broad groups:

Positive comments about telecommuting: While pre and post telecommuting discussion reflected positive comments, post telecommuting responses showed that while managers were still positive about the concept, they were looking forward to problems being resolved.

Negative comments about telecommuting: Pre and post negative comments were similar but the post telecommuting comments also included increased negative comments relating to technology problems.

Fears/first experiences with telecommuting: Pre telecommuting fears revolved around a decline in program quality, supervision, technology, and office staffing. First experience responses reinforced technology problems, and frustrations because of these. Program quality issues remain a concern post telecommuting due to staff being in the office less to consult with supervisors.

Unknown/Unresolved Issues with telecommuting: This category had the most discussion by managers. Many pre telecommuting unknowns identified by managers remain unresolved issues identified in the post telecommuting focus groups. These issues dealt primarily with technology, quality of work issues, leave policies and the impact of telecommuting on the managers' workload.

Suggestions about telecommuting: There were not a lot of similarities in this category with the exception of references to staff needing access to up to date policy manuals. Appendix F and G shows Pre and Post Focus Group results.

CONCLUSIONS

This research was designed to study the impact on client and management satisfaction pre and post telecommuting. Findings from the client satisfaction surveys indicate a significant change in the number of clients indicating knowledge of who their case manager was. This could be attributed to the fact that clients are now given case manager cell phone numbers for direct access. The rest of the responses did not reflect significant changes pre and post telecommuting, which indicate that telecommuting has had no impact on client satisfaction.

Discussion from pre and post-telecommuting focus groups provides insight regarding issues that need to be addressed. The main issue deals with inadequate technology to support job functions. Technology problems specifically include such things as having to go into the office to upload and download data to the server and print service authorizations, broken laptops and cell phone limitations - all causing work delays and interruptions. Other issues revolve around training of managers, clarification of policies regarding leave, and further development of quality assurance measurements.

The research findings provide direction to CLTC management by identifying issues that need to be resolved in order to have a successful telecommuting program. Suggestions identified in the post telecommuting focus groups should be reviewed and addressed by agency leadership. Increasing managements' confidence with a telecommuting work force will assist CLTC in reaching the goal of a successful telecommuting program that will positively impact individuals served by the program and offer flexibility and job satisfaction to staff.

Appendix A

**Client Satisfaction Survey
Pre-Telecommuting
July 2002**

1. Do you know who your Community Long Term Care case manager is?

Area	Yes	No	No Response	Total
Greenwood	68 77%	20 23%	0 0%	100%
Orangeburg	68 84%	13 16%	0 0%	100%
Aiken	66 78%	19 22%	0 0%	100%
Sumter	68 77%	20 23%	0 0%	100%
Average%	79%	21%	0%	100%

2. Does your case manager call or visit you at least once a month?

Area	Yes	No	No Response	Total
Greenwood	81 92%	5 6%	2 2%	100%
Orangeburg	78 96%	3 4%	0 0%	100%
Aiken	83 98%	2 2%	0 0%	100%
Sumter	69 96%	3 3%	1 1%	100%
Average%	95%	4%	1%	100%

3. Does your case manager visit you at least once every three months?

Area	Yes	No	No Response	Total
Greenwood	74 84%	9 10%	5 6%	100%
Orangeburg	77 95%	3 4%	1 1%	100%
Aiken	82 97%	2 2%	1 1%	100%
Sumter	69 79%	17 19%	7 2%	100%
Average%	89%	9%	2%	100%

Appendix A

4. Do you know what your case manager is supposed to do for you?

Area	Yes	No	No Response	Total
Greenwood	64 73%	23 26%	1 1%	100%
Orangeburg	72 89%	8 10%	1 1%	100%
Aiken	70 82%	15 18%	0 0%	100%
Sumter	70 80%	17 19%	1 1%	100%
Average%	81%	18%	1%	100%

5. Are you satisfied with the services arranged by your case manager?

Area	Yes	No	No Response	Total
Greenwood	83 94%	5 6%	0 0%	100%
Orangeburg	80 99%	1 1%	0 0%	100%
Aiken	85 100%	0 0%	0 0%	100%
Sumter	84 89%	2 9%	2 2%	100%
Average%	95%	4%	1%	100%

6. Are you able to reach your case manager when you need to?

Area	Yes	No	No Response	Total
Greenwood	76 86%	12 14%	0 0%	100%
Orangeburg	80 99%	1 1%	0 0%	100%
Aiken	82 97%	1 1%	2 2%	100%
Sumter	78 89%	8 9%	2 2%	100%
Average%	93%	6%	1%	100%

Appendix B

**Client Satisfaction Survey
Post-Telecommuting
November 2002**

1. Do you know who your Community Long Term Care case manager is?

Area	Yes	No	No Response	Total
Greenwood	86 98%	1 1%	1 1%	88 100%
Orangeburg	78 96%	2 3%	1 1%	81 100%
Aiken	85 100%	0 0%	0 0%	85 100%
Sumter	83 94%	5 6%	0 0%	88 100%
Average%	97%	2.5%	0.5%	100%

2. Does your case manager call or visit you at least once a month?

Area	Yes	No	No Response	Total
Greenwood	79 90%	5 6%	4 4%	88 100%
Orangeburg	75 93%	5 6%	1 1%	81 100%
Aiken	80 94%	5 6%	0 0%	85 100%
Sumter	76 86%	6 7%	6 7%	88 100%
Average%	90.75%	6.25%	3%	100%

3. Does your case manager visit you at least once every three months?

Area	Yes	No	No Response	Total
Greenwood	81 92%	3 3%	4 5%	88 100%
Orangeburg	77 95%	3 4%	1 1%	81 100%
Aiken	83 98%	2 2%	0 0%	85 100%
Sumter	77 87%	5 6%	6 7%	88 100%
Average%	93%	3.75%	3.25%	100%

Appendix B

4. Do you know what your case manager is supposed to do for you?

Area	Yes	No	No Response	Total
Greenwood	81 92%	7 8%	0 0%	88 100%
Orangeburg	77 95%	3 4%	1 1%	81 100%
Aiken	80 94%	5 6%	0 0%	85 100%
Sumter	75 85%	11 13%	2 2%	88 100%
Average%	91.50%	7.75%	0.75%	100%

5. Are you satisfied with the services arranged by your case manager?

Area	Yes	No	No Response	Total
Greenwood	86 98%	2 2%	0 0%	88 100%
Orangeburg	78 96%	2 3%	1 1%	81 100%
Aiken	79 93%	6 7%	0 0%	85 100%
Sumter	79 90%	9 10%	0 0%	88 100%
Average%	94.25%	5.50%	0.25%	100%

6. Are you able to reach your case manager when you need to?

Area	Yes	No	No Response	Total
Greenwood	85 97%	3 3%	0 0%	88 100%
Orangeburg	75 93%	5 6%	1 1%	81 100%
Aiken	82 97%	2 2%	1 1%	85 100%
Sumter	80 91%	6 7%	2 2%	88 100%
Average%	94.50%	4.50%	1%	100%

Appendix C

Comparison of Pre and Post Telecommuting Client Satisfaction Surveys

AREA	Do you know who your CLTC CM is?					
	PRE YES	POST YES	PRE NO	POST NO	PRE NO RESP	POST NO RESP
Greenwood	77	98	23	1	0	1
Orangeburg	84	96	16	3	0	1
Aiken	78	100	22	0	0	0
Sumter	77	94	23	6	0	0
Average Percentage	79	97	21	2.5	0	0.5

AREA	Does your CM call or visit at least once a month?					
	PRE YES	POST YES	PRE NO	POST NO	PRE NO RESP	POST NO RESP
Greenwood	92	90	6	6	2	4
Orangeburg	96	93	4	6	0	1
Aiken	98	94	2	6	0	0
Sumter	96	86	3	7	1	7
Average Percentage	95.5	90.75	3.75	6.25	0.75	3

AREA	Does your CM visit you at least once every 3 months?					
	PRE YES	POST YES	PRE NO	POST NO	PRE NO RESP	POST NO RESP
Greenwood	84	92	10	3	6	5
Orangeburg	95	95	4	4	1	1
Aiken	97	98	2	2	1	0
Sumter	79	87	19	6	2	7
Average Percentage	88.75	93	8.75	3.75	2.5	3.25

AREA	Do you know what your CM is supposed to do for you?					
	PRE YES	POST YES	PRE NO	POST NO	PRE NO RESP	POST NO RESP
Greenwood	73	92	26	8	1	0
Orangeburg	89	95	10	4	1	1
Aiken	82	94	18	6	0	0
Sumter	80	85	19	13	1	2
Average Percentage	81	91.5	18.25	7.75	0.75	0.75

AREA	Are you satisfied with the services arranged by your CM?					
	PRE YES	POST YES	PRE NO	POST NO	PRE NO RESP	POST NO RESP
Greenwood	94	98	6	2	0	0
Orangeburg	99	96	1	3	0	1
Aiken	100	93	0	7	0	0
Sumter	89	90	9	10	2	0
Average Percentage	95.5	94.25	4	5.5	0.5	0.25

AREA	Are you able to reach your CM when you need to?					
	PRE YES	POST YES	PRE NO	POST NO	PRE NO RESP	POST NO RESP
Greenwood	86	97	14	3	0	0
Orangeburg	99	93	1	6	0	1
Aiken	97	97	1	2	2	1
Sumter	89	91	9	7	2	2
Average Percentage	92.75	94.5	6.25	4.5	1	1

Appendix D

Pre-Telecommuting Focus Group Tool**Introduction:**

The purpose of this focus group is to gather information to assist with the process that the agency has currently adopted for telecommuting. Since all of you in this group have yet to begin telecommuting, we thought it was best to get your thoughts before you enter the process. Anything that is said in this room is strictly confidential and any comments that will be used for a report will not be quoted by name. We may generalize the quote but if you said it better we will use the quote unnamed. We need honest opinions and responses to the questions. There is not right or wrong answer, but to get the most value from this process we need the honest feedback.

We usually tape focus groups, however, today _____ will be taking notes and if necessary, we will use a flipchart to capture the points you make. Are there any questions about the process?

In addition to these focus groups, random samples of clients are being surveyed by telephone to determine some measures of client satisfaction with this change in the policy. But our goal today is to get feedback from you the managers who will be dealing with telecommuting.

1. Tell me your name and how long you have been employed with Community Long Term Care and in what capacity(s) you have worked.
2. Think back to when you first heard about telecommuting within CLTC. Can you recall your initial reaction or impression?
3. Since then you probably have had some exposure to what others experiences with telecommuting have been or have received some training in the process. Has this changed any of your initial thoughts about telecommuting? How?
4. What positive things do you anticipate about telecommuting?
[Probe for reasons telecommuting is a good thing? For clients; for case managers.]
5. What negative or frustrating things do you anticipate about telecommuting?
[Probe for barriers or problems that may be seen as making telecommuting a "bad" thing. For clients; for case managers.]
6. What type of impact do you perceive telecommuting having on your job as a manager?
7. If you had a chance to give advice to the agency about telecommuting, as you understand it at this time, what would that advice be?
8. Knowing that telecommuting is going to happen, overall how do you feel about it?
9. Is there anything else you would like to add about telecommuting?

Appendix E

Post-Telecommuting Focus Group Tool**Introduction:**

The purpose of this focus group is to gather information about the implementation process that the agency has currently adopted for telecommuting. Since all of you in this group are now telecommuting, we thought it was best to get your thoughts as you recently entered the process. Anything that is said in this room is strictly confidential and any comments that will be used for a report will not be quoted by name. We may generalize the quote but if you said it better we will use the quote unnamed. We need honest opinions and responses to the questions. There is no right or wrong answer, but to get the most value from this process we need the honest feedback.

We will be taking notes like we did with your last focus group in order to capture the points you make. Are there any questions about this process?

In addition to these focus group, random samples of clients are being surveyed by telephone to determine some measures of client satisfaction with this change in the policy. But our goal today is to get feedback from you the managers who are dealing with telecommuting.

1. Tell me your name, your current position with CLTC and how long you have been using telecommuting in your area.
2. Think back to when you started telecommuting within CLTC. Can you recall your initial experiences?
3. Now that you have had some exposure to telecommuting, has this changed any of your initial thoughts about telecommuting? How?
4. What are some positive things about telecommuting?
[Probe for reasons telecommuting is a good thing? For clients; for case managers.]
5. What negative or frustrating things you have encountered with telecommuting?
[Probe for barriers or problems that may be seen as making telecommuting a "bad" thing. For clients; for case managers.]
6. What has been the impact of telecommuting on your job as a manager?
7. If you had a chance to give advice to the agency about telecommuting, as you understand it at this time, what would that advice be?
8. Now that you are using telecommuting, overall how do you feel about it?
9. Any recommendations for any additional information you might have needed in your training before you started telecommuting?
10. Is there anything else you would like to add about telecommuting?

Appendix F

**Pre-Telecommuting Focus Groups
Conducted 7/1/02 and 7/8/02
Facilitator: Marcia Lane, USC**

Methods:

Two focus groups were convened with a total of 8 managers representing 4 Area Offices that have not yet started telecommuting. Several of the participants have already received the initial training and some had not been trained. All had been introduced to telecommuting and have heard some feedback from Areas that are already telecommuting.

Each focus group lasted approximately 1 hour. Prior to the session, the moderator explained the purpose of the project, informed the participants that all comments were confidential and the recorder would be eliminating names of the respondents. After the participants had a chance to ask questions, all agreed to participate. The moderator then conducted the sessions using a standard list of questions and prompts to guide the discussion (see the following list of questions).

1. Think back to when you first heard about telecommuting within CLTC. Can you recall your initial reaction or impression?
2. Since then you probably have had some exposure to what others experiences with telecommuting have been or have received some training in the process. Has this changed any of your initial thoughts about telecommuting? How?
3. What positive things do you anticipate about telecommuting?
[Probe for reasons telecommuting is a good thing? For clients; for case managers.]
4. What negative or frustrating things do you anticipate about telecommuting?
[Probe for barriers or problems that may be seen as making telecommuting a "bad" thing. For clients; for case managers.]
5. What type of impact do you perceive telecommuting having on your job as a manager?
6. if you had a chance to give advice to the agency about telecommuting, as you understand it at this time, what would that advice be?
7. Knowing that telecommuting is going to happen, overall how do you feel about it?
8. Is there anything else you would like to add about telecommuting?

Appendix F**Results:**

The themes identified by focus group participants were organized into 5 broad groups: (a) Positive comments about telecommuting; (b) Negative comments about telecommuting; (c) Fears about telecommuting; (d) Unknowns about telecommuting; and (e) Suggestions to help managers with telecommuting staff.

Positive Comments about Telecommuting

Most of the comments were of the positive nature, "pretty cool", great idea, good switch for the agency, an enhancement of morale for all staff to telecommuting not just a few, and flexibility for the workers. The managers see better accessibility and communication between clients and case managers because cell phones provide direct access rather than through a 3rd party. Managers also perceive they will have less paper work and documentation will all be on computer. Telecommuting is a form of telling the workers that they are trusted with the work and less supervision.

Negative Comments about Telecommuting

There were fewer negative comments than other comments. Most dealt with the manager's role in supervision of personnel who they perceive as unable to work without direct supervision. The lack of consistency in the use of new policies without direct consultation was another problem. Managers indicated that support staff might have less work, cell phones have dead areas in rural communities making accessibility difficult, and download of data can only be done in the office. "Case managers or nurses may get worn out due to clients having direct access to them". Other negative comments included the lack of telecommuting for the managers, missing office comradery and lots of printed material in the field.

Fears about Telecommuting

The managers expressed fears of having a decline in QA because of staff making decisions without the usual consultation that occurs in the office and lack of understanding of all the current policies. Managing supervision, equipment repair and replacement in a timely manner; accessibility to the managers from the field if everyone is calling in at the same time; jealousy of support staff not being able to telecommute and having to use annual leave and sick leave because of inflexible work hours, were other comments. Just CHANGE creates fear.

Unknowns about Telecommuting

The unknowns are questions that still need to be addressed for these managers.

Will managers be able to telecommute?

How will managers know which clients are calling for assistance and are they hearing back from the case manager in a timely manner?

Will case managers call for consultation or make judgments on their own because of the

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inability to reach a manager due to busy phone lines or dead space of the cell phone?

How to supervise workers who are not self-starters?

How often to schedule staff in the office?

Does lack of staff have any implications on managers (no cushion for mistakes made in the field)?

How to deal with equipment replacement / repair, vacation schedules, printed materials in the field, and services by providers is being accomplished?

How will nurses access charts that are usually kept in the office?

What are the work space requirements at home and is it the managers job to check on the home office space?

How will we be certain to serve only those who meet level of care without the usually consultation?

Suggestions about Telecommuting

These suggestions were in the form of short comments.

- Allow for 6 months in the office to train new staff before putting them in a telecommuting situation.
- Set up individual plans for telecommuting implementation for employees who are having QA problems or are not ready for telecommuting.
- Nurses will have to access or carry more files out of the office than currently allowed.
- Managers need time to plan and develop the kinds of things to be done for case managers to help them to do their jobs better.
- Staff needs access to an updated policy and procedure manual at home.
- Better define the structure required of telecommuter's space at home.
- Set guidelines on visits and phone calls (no Sunday visits) (Calls stop at 9:00 p.m.).

Some general comments made at both group sessions indicated that because CHC is already doing a form of telecommuting, this would just be broadening the flexibility for all staff. They liked the concept of having the emphasis on a quality product not the time clock. "DHHS" and management has handled this well and these folks are hearing positive information from groups already doing telecommuting.

"I'm just excited to see how things are going to go!"

Appendix G

**Post – Telecommuting Focus Groups
Conducted 11/4/02 and 11/6/02
Facilitator: Marcia Lane, USC**

Methods

Two focus groups were reconvened with a total of 7 participants. These were the same participants of earlier focus groups about telecommuting. All of these participants have been involved with telecommuting since August 2002 or October 2002.

Each focus group lasted approximately 1 hour. Prior to the session, the moderator explained the purpose of the project, informed the participants that all comments were confidential and the recorder would be eliminating names of the respondents. All agreed to participate. The moderator then conducted the sessions using a list of questions modified from the first focus group session. Following are the questions and prompts to guide the discussion.

1. Tell me your name, your current position with CLTC and how long you have been using telecommuting in your area.
2. Think back to when you started telecommuting within CLTC. Can you recall your initial experiences?
3. Now that you have had some exposure to telecommuting, has this changed any of your initial thoughts about telecommuting? How?
4. What are some positive things about telecommuting?
[Probe for reasons telecommuting is a good thing? For clients; for case managers]
5. What negative or frustrating things you have encountered with telecommuting?
[Probe for barriers or problems that may be seen as making telecommuting a “bad” thing. For clients; for case managers]
6. What has been the impact of telecommuting on your job as a manager?
7. If you had a chance to give advice to the agency about telecommuting, as you understand it at this time, what would that advice be?
8. Now that you are using telecommuting, overall how do you feel about it?
9. Any recommendations for any additional information you might have needed in your training before you started telecommuting?
10. Is there anything else you would like to add about telecommuting?

Appendix G

Results

The themes identified by the focus group participants were organized into similar 5 broad groups as in the first focus group results: (a) positive comments about telecommuting; (b) negative comments about telecommuting; (c) first experiences with telecommuting (vs. fears about telecommuting); (d) issues needing resolution (vs. unknowns about telecommuting); and (e); suggestions to help managers with telecommuting.

Positive Comments about Telecommuting

The participants had some positive feedback about telecommuting but very different responses from the first focus groups. The staffs, which are actively involved in telecommuting, are excited about and enjoy the flexibility of telecommuting. Some staff members are reporting they are getting more work done in the field. A "secondary gain of being able to look at what the staff had left to do" was mentioned as a positive. It was commented that the planners did a good job in planning for telecommuting under the rapid implementation circumstances. As a group, the participants were still positive on the value of telecommuting, but looking forward to having the problems resolved before they would feel fully confident in the concept.

Negative Comments about Telecommuting

The negative comments were very similar to the first focus group responses in addition to some of the original fears of telecommuting. Technology problems were the most mentioned in negative feedback including: laptops not working, faxes not going through, printers in the office slowing down the process, phones not working or being a long distance call for clients.

Other negative comments included a loss of office relationships; lack of interest in office projects, lack of office coverage, and some telecommuting staff didn't like having to come into the office.

First Experiences with Telecommuting

Most of the initial experiences with telecommuting were registered as frustration with the technology glitches: telephones, laptops, and faxes. How to keep the staff in and out of the office happy while equipment needed assistance was a major issue with the managers. Their staff loves the flexibility, but is also asking less for consultation on policies thus, problems were not being identified as early.

Issues Unresolved with Telecommuting

This category had the most comments from the managers. The time involved with dealing with trouble shooting computer problems, covering phone calls and measuring productivity were the leading issues.

When the computers, faxes or printers were not working, the built in automatic timeframes put added stresses on staff. For example a fax was supposedly sent that starts a process, perhaps two

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days later the staff person learns that the fax never went through but two days on the timeline of that client had already passed.

As mentioned earlier, the cell phones, which do not work in some rural areas or are long distance calls for clients' remains a technology problem.

Staff resentment of leave policies is another problem for managers in some offices. The telecommuters are not taking official leave time for personal appointments, yet the support staff and office coverage staffs are required to complete leave slips. How does a manager keep all staff moral positive with different rules for different groups?

The measuring of productivity or quality of work appears to be of major concern. Measures are needed to assure that the work is quality not just checking off a box to say something was done on time. The need to address what is a good outcome instead of did a task get completed appears to be important for these managers.

Managers are finding they spend more time answering the phone, providing office coverage to allow other staff to complete their job responsibilities, trouble shooting equipment problems in the field, thus unable to complete their own work. Also, with the flexibility of the telecommuters, some managers are receiving calls outside of their normal working hours asking for consultation on a client.

Suggestions about Telecommuting

Several suggestions from the focus groups included:

- Have a staff person in the office everyday to handle problems and answer questions
- Need the ability to document technology breakdowns
- Allow for flexibility in timelines when technology does fail
- Intake should be more than demographics, it should include listening, validating and referrals for short term resources
- Staff person in the office needs to be able to help with intake
- Need an up-to-date policy manual

One office recommended some type of training on trouble shooting ideas for the equipment problems would have been helpful. Another suggestion would be to look at those who do not telecommute and figure a way to allow them to do some work from home.